



LAUDERHILL CARES PROGRAM

APPLICATION FILE CHECKLIST

Business Assistance

- Complete and sign application - must return with **original** signatures.
- Attach **COPIES** of **ALL** required documents listed below. Staff **cannot** make copies
- Incomplete Applications **cannot** be processed and will be returned

☐ **RENTAL ASSISTANCE PROGRAM – MANDATORY DOCUMENTS**

Items listed below must be present at the time of submittal.

- ☐ Most current and active signed rental agreement or lease in the business/applicant's name.
- ☐ W-9 from landlord.
- ☐ Business Tenant Ledger, reflecting charges, payments and current balance.
- ☐ Most recent FPL statement (if applicable).

MANDATORY GENERAL REQUIREMENTS:

ALL three (3) categories below **MUST** be submitted with a completed application to qualify for a grant award up to \$20,000 towards rental or mortgage payment and/or electric payments.

1. COVID-Related Documents:

- ☐ Completed Questionnaire attached to the application.
- ☐ Documentation of loss of income due to COVID-19
- ☐ Documentation of State, Federal, and/or all other funds received related to COVID-19
- ☐ Proof of DUNS number

2. Forms:

- ☐ Signed Certifications and Signed Acknowledgements
- ☐ Signed Authorization for Release of Information Form signed by business owner and co-owner **ONLY**
- ☐ Disclosure Statement by all business owners and co-owners
- ☐ Public Disclosure Form signed by all business owners and co-owners
- ☐ False Statements Disclosures and Acknowledgement signed by all business owners and co-owners
- ☐ Signed Notice of Collecting Social Security or Tax Identification Number For Government Purpose for each business owner and co-owner
- ☐ Conflict of Interest of Interest form completed by each business owner and/or co-owner.

- ☐ Duplication of Benefits form completed and notarized for all business owner's and/or co-owner

3. Supporting Documents:

- ☐ Provide a detailed Expense Report the **each month** for the last 6 months
- ☐ Proof of active Certificate of Use (COU) or business license
- ☐ Water and refuse bill from City or County, if applying for utility assistance.
- ☐ Proof of FEIN, Tax ID, or Social Security Number. If social security, please provide a copy of each business owner's and co-owner's card.
- ☐ Valid driver's license or state identification card for **ALL** business owners and co-owners
- ☐ Two (2) most current Income Tax Return **with W/2's** for business or business owner

Note: Income Tax Return must be signed this is a **MANDATORY** requirement; **if** your return includes Schedule C (small business), then will also need audited or unaudited financial statement(s) of business; notarized statement or affidavit as to net income realized from the business during the previous 2 years.

If you have any questions, please feel free to contact the City of Lauderhill Grant Division at (954) 714-2181 or email us at lauderhillcares@lauderhill-fl.gov.



City of Lauderhill CARES Business Application

Please Select

- ☐ Mortgage Assistance ☐ Rental/Lease Assistance
☐ FPL (Electric) Assistance for Business

Business
Name

Business
Address

Brief Description
of Business

Business
Type

☐ Sole Proprietor ☐ Corporation ☐ S-Corporation ☐ LLC ☐ Partnership ☐ Other

If Other, please explain:

Business
Designation

☐ Essential Business ☐ NON-Essential Business

Business
Contact

Primary Contact Name Business Phone Number Business Email

For Profit Primary
Business Owner

Primary Business Owner's Name ☐ Check if Resident Home Address

Federal EIN #,
Tax ID #, or
SSN

DUNS #

If you do NOT
have a DUNS#
You MUST apply

A DUNS number is **FREE** and it is a mandatory requirement by CDBG for the Federal Funds you will be receiving. (This program does not require any additional purchases from Dun & Brandstreet).
To Apply: [Click here to request your D-U-N-S Number via the Web](#). If one does not exist for your business location, it can be created within 1 business day.

Date Business
Established in
Lauderhill

City of Lauderdale
Certificate of Use
Number

Additional
Certifications

☐

MBE (Minority Business Enterprise)

☐

WMBE (Women Minority Business Enterprise)

Annual Gross
Revenue (2019)

\$

Annual Gross
Revenue (2020)

\$

Annual Gross
Revenue for last
6 months

\$

Payroll Expenses
for last 6 months

\$

Full-Time
Employees as of
2-15-2020

Actual Number:

Part-Time
Employees as
of 2-15-2020

Actual Number:

Full-Time
Employees
(Current)

Actual Number:

Part-Time
Employees
(Current)

Actual Number:

Business
Rent/Lease
Facility

Paid ☐ or Due ☐

Business that
Owns Facility
Mortgage
Payment

Paid (Principal & Interest) ☐
or
Due (Principal & Interest) ☐

Business
Expenses &
Supplies

Paid ☐ or Due ☐

Business Service
Contracts

Paid ☐ or Due ☐

FP&L Bills

Paid ☐ or Due ☐

Water / Refuse
Bills

Paid ☐ or Due ☐

Was your business affected by the Executive Order - COVID-19? How long was your business closed for? Please Explain.

Please provide a brief narrative how this funding will benefit your business and the objective of this program.



CERTIFICATIONS

By signing below, I make the following certifications:

1. All answers and representations that are made in this application are true and accurate to the best of my knowledge.
2. Any grant funding received will be used for business operating purposes as specified in the grant award. I understand that if the funds are used for unauthorized purposes, I shall return those grant funds and further may be subject to criminal fraud charges or civil action.
3. Neither I nor any owner of my business is presently subject to an indictment or formal criminal charges, nor presently incarcerated
4. My business is current on all taxes dues to the City of Lauderhill and no liens are on record against my business for unpaid taxes.
5. I pledge my best efforts to resume full operation on my business at the earliest possible to time and to retain or rehire employees as soon as practicable.
6. I agree and cooperate with the City of Lauderhill in any audit or business review upon request.
7. I understand that these records once provided to the City are public documents.

Signature of Business Owner/Representative

Printed Name

Date

Signature of Co-Owner

Printed Name

Date



ACKNOWLEDGEMENT

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Signature of Business Owner/Representative

Printed Name

Date

Signature of Co-Owner

Printed Name

Date



AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to **City of Lauderhill**, for the purposes of verifying information provided as part of determining eligibility for business assistance. I understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

Past/Present Employers, Alimony/Child Support Providers, Banks, Financial or Retirement Institutions, Social Security Administration State, Unemployment Agency Veteran's Administration, Welfare Agency or Other:

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Signature of Business Owner/Representative

Printed Name

Date

Signature of Co-Owner

Printed Name

Date

Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506-T, "Request for Copy of Tax Return" and prepare and sign separately.



DISCLOSURE STATEMENT IMPORTANT READ BEFORE SIGNING

The information provided is true and complete to the best of my/our knowledge to the disclosure of such information of purposes of income verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification. Applicant understands that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant also agrees to provide any other documentation needed to verify eligibility.

Warning: Florida statute 817 provided that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and its punishable by fines and imprisonment provided under S775.082.775.83.

Signature of Business Owner/Representative

Printed Name

Date

Signature of Co-Owner

Printed Name

Date

Agency Statement

Based on the income information provided by the business and upon proofs and documentation submitted, the business: (check one)

_____ Meets a National Objective and has received environmental clearance.

_____ Does NOT meets a National Objective and has NOT received environmental clearance.

Signature of The GRANT ADMINISTRATOR or His/Her Designated Representative:

SIGNATURE: _____ DATE: _____

NAME: _____ TITLE: _____



**GRANTS DIVISION
LAUDERHILL CARES PROGRAM
BUSINESS ASSISTANCE**

ECONOMIC DEVELOPMENT PROGRAM DISCLOSURES

PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGEMENT

Information provided by the applicant may be subject to Chapter 119, Florida Statutes regarding Open Records. Information provided by you that is not protected by Florida statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying.

Having been advised of this fact prior to making application for assistance for supplying any information, I/we agree to hold harmless and indemnify City of Lauderhill, any agency, its offices, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that the City of Lauderhill does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to City of Lauderhill in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

Furthermore, by signing below, I/we agree that City of Lauderhill does not have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the City of Lauderhill, any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my /our purchase of any real estate, or any matter arising out of any housing rehabilitation project funded by the City of Lauderhill.

Signature of Business Owner/Representative

Printed Name

Date

Signature of Co-Owner

Printed Name

Date



**GRANTS DIVISION
LAUDERHILL CARES PROGRAM
BUSINESS ASSISTANCE**

FALSE STATEMENTS DISCLOSURE AND ACKNOWLEDGEMENT

Federal Regulations provides that there are fines and imprisonment - \$10,000/5 years – for anyone who makes false, factious, or fraudulent statement or entries in any matter within the jurisdiction of the Federal government (18 U.S.C. 1001).

Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083.

Applicant is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to the Program could result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of applicant, and/or a referral to criminal law enforcement.

Applicant represents that all statements and representations made by applicant regarding Proceeds received by applicant have been and shall be true and correct.

I/We have read, understand and acknowledge the above disclosure.

Signature of Business Owner/Representative

Printed Name

Date

Signature of Co-Owner

Printed Name

Date



NOTICE OF FEIN, TAX ID, OR SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSES

24 CFR Part 5 (General HUD Program Requirements; Waivers) §5.216 specifically states the following:

(b) **Disclosure required of assistance applicants.** Each assistance applicant must submit the following information to the City of Lauderhill when the assistance applicant's eligibility under the program involved is being determined.

- (1) The complete and accurate FEIN, Tax ID, or SSN assigned to the assistance applicant and to each member of the assistance applicant's business; and
- (2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

(c) **Disclosure required of individual owner applicants.** Each individual owner applicant must submit the following information to the City of Lauderhill when the individual owner applicant's eligibility under the program involved is being determined:

- (1) The complete and accurate FEIN, Tax ID or SSN assigned to the individual owner applicant and to each member of the individual owner applicant's business who will be obligated to pay the debt evidenced by the mortgage or loan documents; and
- (2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

The FEIN, Tax ID, or SSN is needed to determine eligibility under federal and state programs such as HOME, CDBG and SHIP that are determined eligible using 24 CFR part 5.

The applicant and business owner(s) hereby agree to allow the City to use the FEIN, Tax ID, and SS number to verify the following information:

Employment
Unemployment
Pension Benefits
Social Security
Assets
Child support

This form must be completed and signed by the Authorized Representative of the business to be assisted.

Signature of Business Owner/Representative

Printed Name

Date

Signature of Co-Owner

Printed Name

Date



CONFLICT OF INTEREST FORM

Conflict of Interest Regulations: In accordance with 24 CFR 570.611(b)(c); 24 CFR 214.303(f); 2 CFR 200; FAC 67-37; FS 112 and 420; City HR-42; A person in a position of trust, direct interest, director, employee, officer, contractor, volunteer, agent of participating agency or the family member of any individual holding these positions shall not engage in activities that create a real or apparent conflict of interest.

The purpose of this document is to assist in the determination of whether additional restrictions, oversight, or other conditions might be advisable prior to execution of any contract, finding or providing assistance. The term "Conflict of Interest" refers to situations in which financial or other personal considerations may compromise or have the appearance of compromising professional judgment in following the rules and regulation of the program.

Please mark the appropriate box for each question and complete the attachment if indicated.

Business Applicant Name

Property Address

City, State, Zip Code

Business Co-Applicant Name

A "Covered Employee" is a current employee, agent, consultant or elected official or officer of any City agency.

Are you a Covered Employee?

(A "Covered Employee" is a current employee, agent, consultant or elected official or officer of any City agency.)

- ☐ Yes - If Yes, what is your relationship: _____
☐ No

1. Do you, or any person who holds an ownership or financial interest (including tenancy) in the property described above, have an immediate family member (such as: spouse, domestic partner, child, stepchild, parent, stepparent, sibling, etc.) or any person who has business dealings or business ties to a **Covered Employee**?

- ☐ Yes - If Yes, what is your relationship: _____
☐ No

2. Do you, a family member, or any person who holds an ownership or financial interest in the property described above, have business dealings or business ties as an investor, owner, employee, realtor, lender, consultant, contractor, etc. that has a contractual relationship with the City of Lauderhill?

- ☐ Yes - If Yes, what is your relationship: _____
☐ No

Warning: knowingly and willingly making false or fraudulent statements to the City of Lauderhill may result in denial of assistance, civil penalties, and/or referral to law enforcement.

I have read and understand the Conflict of Interest Disclosure Form. I have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the City of Lauderhill to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly, if relevant circumstances change. I understand that this Disclosure is not a confidential document.

Signature of Business Owner/Representative

Printed Name

Date

Signature of Co-Owner

Printed Name

Date



**GRANTS DIVISION
LAUDERHILL CARES PROGRAM**

DUPLICATION OF BENEFITS CERTIFICATION

(Please place a check mark in the appropriate box and circle 'I' or 'We' whichever applies.)

I/We _____ hereby states that:

- ☐ I/We have **not received** any prior financial and/or insurance as a result of COVID-19.
- ☐ I/We **have received** funds from insurance company, FEMA, Small Business Administration, or any other agency/company for assistance with COVID-19 relief assistance.

1. Type of Assistance: _____ Source: _____ Amount: \$ _____
2. Type of Assistance: _____ Source: _____ Amount: \$ _____

I/We understand if I/we receive any other funds to assist with COVID relief assistance that:

- ☐ The funding received through CDBG CARES Act funding is in no way a duplication of any other benefits received.
- ☐ I/We will notify the Grants Division of said funds, and
- ☐ I/We hereby agree that any funds received from insurance company, FEMA, Small Business Administration or any other agency/company, will be used to reimburse the City the portion of the grant that was used to provide relief of the same item. If we have filed a claim with any of the stated agencies, we will provide copies of the Explanation of Benefits.

Business Applicant's Printed Name

Signature

Date

Business Co-Applicant's Printed Name

Signature

Date

**STATE OF FLORIDA
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me, **by means of** ☐ **physical presence** or ☐ **online notarization**, this _____ day of _____, 20____, by _____, as _____, who is personally known to me or who has produced _____ as identification.

Notary Signature: _____
Printed Name: _____

Notary Public, State of Florida at Large

My Commission Expires _____

Federal law prohibits any person, business concern, or other entity from receiving financial assistance with respect to any part of a loss resulting from a major disaster as to which he has received financial assistance under any other program or from insurance or any other source. Funds may not be used for activities reimbursable by or for which funds have been made available by homeowner insurance, FEMA, the Army Corps of Engineers, or any other organization. Applicants for assistance must certify that there will be NO DUPLICATION OF BENEFIT.

Sub recipients of Disaster Recovery funding must use this form when screening and qualifying applicants for housing and/or economic development assistance. A copy must be completed by each applicant and maintained in the applicant's case file along with documentation of any assistance previously provided (i.e., insurance claim that shows amount paid by the insurance company, FEMA claim, etc.).

The client file should also include evidence that applicant signed for release of information by FEMA, evidence of request for information sent to FEMA by local government, any FEMA responses of FEMA reports for that household or benefits paid. Grantees should first contact the Department to determine the availability of FEMA information.



**GRANTS DIVISION
LAUDERHILL CARES PROGRAM
BUSINESS ASSISTANCE GRANT QUESTIONNAIRE**

1. Is your business considered essential ☐ or non-essential ☐
2. Does the business reside in city limits? ☐ Yes or ☐ No
3. Did you suffer a total business closure due to COVID-19? ☐ Yes or ☐ No
4. Do you have a City of Lauderhill Business Tax Receipt? ☐ Yes or ☐ No
5. What was the cause of your COVID-19 hardship? Select all that apply:
 - ☐ Complete Closure, if so for how long _____
 - ☐ Reduced Hours, if so for how long _____
 - ☐ Other: _____
6. Please provide you your contact information
 - a. Owner(s) Name: _____
 - b. Business
Name: _____
 - c. Address: _____
7. Is your business currently closed? ☐ Yes or ☐ No
8. Have you applied for federal assistance? ☐ Yes or ☐ No
9. Did you receive federal assistance? If yes, please select all forms of federal assistance received by all applicants:
 - ☐ Paycheck Protection Plan \$ _____
 - ☐ EIDL Loan Advance \$ _____
 - ☐ SBA Express Bridge Loans \$ _____
 - ☐ SBA Debt Relief \$ _____
 - ☐ Unemployment \$ _____
 - ☐ Other \$ _____
10. How much did you receive in Total? \$ _____
11. Did you submit a monthly or quarterly sales report to the Dept. of Revenue?
☐ Yes or ☐ No
12. Did you reduce your business hours and/or layoff employees? ☐ Yes or ☐ No